

Wisconsin Department of Regulation & Licensing

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NURSING HOME ADMINISTRATOR EXAMINING BOARD

APPLICATION FOR CREDENTIAL

PLEASE TYPE OR PRINT IN INK

Last Name _____ First Name: _____ MI: _____

Former Name(s) (If Applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone/Days: _____ Date of Birth: _____

1. Mark the provision you are applying under.

☐ Passed the NAB and State Rules examinations in Wisconsin.

Date Passed _____

☐ Reciprocity from _____

Date passed State Rules Examination in Wisconsin _____

2. Reciprocal applicants: Please indicate below whether you have been engaged in practice as a nursing home administrator for no fewer than 2,000 hours in any consecutive 36-month period within the 5-year period immediately preceding this application.

☐ Yes, I have.

☐ No, I have not.

If yes, provide the name and address of the facility where employed and the dates of employment.

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STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
3. A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2222.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

4. A) Experience Requirements

Upon passing the required examination, an applicant for licensure shall complete the following experience requirement based on the type of education completed:

Regular Course of Study: A supervised clinical practicum which means work experience acquired in a nursing home in conjunction with the approved program (refer to the definition found in sec. NHA 1.02(9), Wis. Admin. Code).

Program of Study: Successful completion of one year of experience in the field of institutional administration as defined in sec. NHA 1.02(1), Wis. Admin. Code.

Specialized Course: Successful completion of one year of experience in the field of institutional administration as defined in sec. NHA 1.02(1), Wis. Admin. Code.

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B) Employment History

Provide a chronological listing of your employment **which is pertinent to the experience you have acquired in the field of institutional administration.** Attach an additional sheet if necessary. This experience must be verified by your employer. A copy of Form #71 is enclosed.

1) Employer _____

Address _____

Title _____ Date of Employment _____

Name of Supervisor _____

2) Employer _____

Address _____

Title _____ Date of Employment _____

Name of Supervisor _____

C) Type of Experience

“Experience in the field of institutional administration” means work experience acquired in any consecutive 36-month period within the 5-year period immediately preceding the date of application for licensure, as an employee, student, trainee or intern in the total operation and activities of a nursing home under the supervision of persons licensed under ch. 456, Stats., or holding the equivalent license in another state recognized by the board, and exposure to and knowledge of the following categories, sec. NHA 1.02(1), Wis. Admin. Code. Check the categories in which **you** gained exposure to and knowledge of during the time you were **an employee, student, trainee or intern.**

(1) Fiscal management, including, but not limited to: _____ Date Completed: _____

_____ financial planning, forecasting and budgeting;

_____ accounting practices and principles;

_____ fiscal intermediaries;

_____ public finance programs; and

_____ management of residents' funds.

(2) Environmental services, including, but not limited to: _____ Date Completed: _____

_____ preventive maintenance programs for building and equipment;

_____ sanitation procedures, practices and policies;

_____ design needs of the disabled;

_____ environmental safety practices, policies and procedures and accident prevention;

_____ maintenance, housekeeping, laundry and security functions; and

_____ relationship between health facility management and governmental environmental service providers.

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(3) Resident services, including, but not limited to:

Date Completed: _____

- _____ therapy services;
- _____ physician services;
- _____ social services;
- _____ resident food services;
- _____ resident activities;
- _____ patient care;
- _____ drug handling and control;
- _____ nursing services; and
- _____ rehabilitative and restorative.

(4) Personnel management, including, but not limited to:

Date Completed: _____

- _____ recruiting, interviewing, hiring, training;
- _____ reviewing, disciplining, supervising, of employees;
- _____ record-keeping;
- _____ preparation of statistical reports;
- _____ wage and salary administration;
- _____ health care staffing patterns;
- _____ human relations;
- _____ administering fringe benefit programs; and
- _____ state and federal employment regulations.

(5) _____ State and federal inspections for compliance with applicable nursing home laws, rules and regulations.

Date Completed: _____

5. **CERTIFICATION AND AFFIDAVIT**

I _____, applicant herein, on being duly sworn, hereby certify and state that the information provided by me in this application is true and correct; that I am familiar with the Wisconsin Statutes pertaining to nursing homes and their administration, and that I will comply with all practices and ethics prescribed and with all administrative rules established by the Nursing Home Administrator Examining Board. Permission is granted to contact any or all employers whose names are identified in my application. I understand that if any information provided by me in this application is found to be false, my application may be denied or my license revoked.

Signature of Applicant